

## **BOARD OF OPTOMETRY**

400 R STREET, SUITE 4090 SACRAMENTO, CALIFORNIA, 95814-6200 (916) 323-8720

www .optometry.ca.gov



## PRACTICE ADDRESS NOTIFICATION

(Use this form to notify Board of your Principle Practice address or a change in your existing Principle Practice address)

Pursuant to Business and Professions Code section 3070, before engaging in the practice of optometry, each registered optometrist shall notify the Board in writing of the address or addresses where he is to engage, or intends to engage, in the practice of optometry and, also, of any changes in his place of practice.

NAME:				
Last	First	Middle		License Number
PRINCIPAL PLACE OF PRAC	CTICE:			
umber and Street	City	State	Zip	Telephone Numb
I am employed by or am an ir	ndependent contractor for:			
I am self-employed and own t	this location.			
SECONDARY PRACTICE LO	OCATION NUMBER 1:			
umber and Street	City	State	Zip	Telephone Numb
I am employed by or am an ir (Requires Statement of Licen	ndependent contractor for: sure (SOL): Provide existing SOL nur	nber or completed SC	L form wit	h fee)
l are salf amenia, ad and accord	dein to antion			
	nse (BOL): Provide existing BOL num	ber or completed BOL	form with	fee and attachments
	nse (BOL): Provide existing BOL num	ber or completed BOL	_ form with	fee and attachments
(Requires Branch Office Licer SECONDARY PRACTICE LO	nse (BOL): Provide existing BOL num	ber or completed BOL	_ form with	
(Requires Branch Office Licer SECONDARY PRACTICE LO umber and Street  I am employed by or am an ir	nse (BOL): Provide existing BOL num DCATION NUMBER 2:  City	State	Zip	Telephone Numl
(Requires Branch Office Licer SECONDARY PRACTICE LO  umber and Street  I am employed by or am an ir (Requires Statement of Licen  I am self-employed and own to (Requires Branch Office Licer	City  ndependent contractor for: sure (SOL): Provide existing BOL num  City  ndependent contractor for: sure (SOL): Provide existing SOL num  chis location. nse (BOL): Provide existing BOL num	State  mber or completed SC	Zip DL form wit	Telephone Num h fee)
(Requires Branch Office Licer SECONDARY PRACTICE LO  umber and Street  I am employed by or am an ir (Requires Statement of Licen  I am self-employed and own the	City  ndependent contractor for: sure (SOL): Provide existing BOL num  City  ndependent contractor for: sure (SOL): Provide existing SOL num  chis location. nse (BOL): Provide existing BOL num	State  mber or completed SC	Zip DL form wit	Telephone Num h fee)
(Requires Branch Office Licer SECONDARY PRACTICE LO  umber and Street  I am employed by or am an in (Requires Statement of Licen  I am self-employed and own to (Requires Branch Office Licer  SECONDARY PRACTICE LO	City  ndependent contractor for: sure (SOL): Provide existing BOL num  City  ndependent contractor for: sure (SOL): Provide existing SOL num  chis location. nse (BOL): Provide existing BOL num	State  mber or completed SC	Zip DL form wit	Telephone Num h fee) fee and attachments
(Requires Branch Office Licer SECONDARY PRACTICE LO  umber and Street  I am employed by or am an ir (Requires Statement of Licer I am self-employed and own to (Requires Branch Office Licer SECONDARY PRACTICE LO  mber and Street  I am employed by or am an ir	City  change (BOL): Provide existing BOL number 2:  City  dependent contractor for: sure (SOL): Provide existing SOL number (BOL): Provide existing BOL number (BOL): Provide existing BOL number 3:  City	State  nber or completed SC  ber or completed BOL  State	Zip  L form with  Zip	Telephone Num h fee) fee and attachments Telephone Numb
(Requires Branch Office Licer SECONDARY PRACTICE LO  umber and Street  I am employed by or am an ir (Requires Statement of Licer I am self-employed and own to (Requires Branch Office Licer SECONDARY PRACTICE LO  mber and Street  I am employed by or am an ir (Requires Statement of Licer I am self-employed and own the	City  chis location.  chis loc	State  The state of completed SC of the state of completed BOL of the state of completed SC of the state of completed SC of the state o	Zip  L form with  Zip  L form with	Telephone Num h fee) fee and attachments Telephone Numb h fee)

Date\_\_\_\_

39M-10 (Rev. 11/03)

Signed\_